	CLAIMS ONLY		Application Number 101730889		Filing Date
			Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
1	1						51							
2		1					52							
3							53							
4		1					54							
5	~~~						55							
6		1					56							
7	1						57							
8	1						58							
9	1						59							
10							60							
11							61							
12							62							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	4						Total Indep							
Total Depend	4						Total Depend							
Total Claims	8						Total Claims							

NCW